



## WEB PAGE DESIGN QUESTIONNAIRE & GUIDE

This workbook guide is designed to assist you in gathering pictures, brochures, and other assets to be used in the development of your web page design. Please complete the guide the best you can. Take as many pictures as you can. Take pictures using a digital camera if possible (prints are okay). Place the pictures on a CD and prepare a written corresponding key describing each picture (like who is that person). We are available by telephone to answer questions. We are here to help you!

Please send us this booklet and accompanying photographs, brochures, etc. as soon as possible (within a week is best – two weeks maximum). Once we receive your material it will take approximately two weeks before your program will be completed.

**Mail workbook and photos to:**  
**InfoStar Productions**  
**5349 Long Canyon Drive**  
**Fair Oaks, CA 95628**

**916-988.2323 TEL. 916-989.3133 FAX.**  
**email: [greg.sconce@sbcglobal.net](mailto:greg.sconce@sbcglobal.net)**

### STEP 1 - PICK AT SITE DESIGN

Please review the [www.infostarproductions.com](http://www.infostarproductions.com) web site. On the far right of the Home page is Web Pages (select “Learn More”). A new screen will appear. Select “samples” on the left side of the screen. Select a site design style from the samples. We will change the color of the web page and apply your pictures along with our stock material based upon the information provided within the Guide. We will create a sample HOME page for your approval. Once approved, we will apply your site assets and post the site to the [www.infostarproductions.com](http://www.infostarproductions.com) web page. We will contact you and give you an access code so you may review a completed site. You may then edit any content (text and pictures). Once we complete your edit we will post your site.

### PRACTICE CONTACT INFORMATION

PRACTICE NAME \_\_\_\_\_

CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ BACK LINE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

DAYS & HOURS OPEN \_\_\_\_\_

ALTERNATE CONTACT PERSON \_\_\_\_\_

Type of practice: (check any combination)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> General Dentistry    | <input type="checkbox"/> General & Cosmetic | <input type="checkbox"/> General & Orthodontic |
| <input type="checkbox"/> Children's Dentistry | <input type="checkbox"/> Periodontal        | <input type="checkbox"/> Orthodontic           |
| <input type="checkbox"/> Aesthetic Dentistry  | <input type="checkbox"/> Oral Surgery       | <input type="checkbox"/> _____                 |
| <input type="checkbox"/> Endodontic           | <input type="checkbox"/> TMJ & Facial Pain  | <input type="checkbox"/> _____                 |

## Lets get started...

If you would like to include your logo please provide a digital copy, art-work or a clean copy of **YOUR LOGO**.

### OFFICE PHOTOS:

1. Take several picture of the outside of your office building from different angles.

Monday \_\_\_\_\_AM to \_\_\_\_\_PM  Closed  
Tuesday \_\_\_\_\_AM to \_\_\_\_\_PM  Closed  
Wednesday \_\_\_\_\_AM to \_\_\_\_\_PM  Closed  
Thursday \_\_\_\_\_AM to \_\_\_\_\_PM  Closed  
Friday \_\_\_\_\_AM to \_\_\_\_\_PM  Closed  
Saturday \_\_\_\_\_AM to \_\_\_\_\_PM  Closed

2. OFFICED TOUR : Take picture of the interior of the office; reception area, front desk, operatory, etc.

### What services would you like to focus on?

1. Please check the appropriate boxes for the "services" you WANT TO PROMOTE.
2. To the right... grade 1 through 12 (1 being most important) the procedures.

- |   |       |
|---|-------|
| <input type="checkbox"/> Cosmetic Dentistry   | _____ |
| <input type="checkbox"/> Restorative Services | _____ |
| <input type="checkbox"/> Periodontal Therapy  | _____ |
| <input type="checkbox"/> Dental Implants      | _____ |
| <input type="checkbox"/> TMJ / TMD Therapy    | _____ |
| <input type="checkbox"/> Orthodontics         | _____ |
| <input type="checkbox"/> Pedodontics          | _____ |
| <input type="checkbox"/> Endodontics          | _____ |
| <input type="checkbox"/> Sedation Dentistry   | _____ |
| <input type="checkbox"/> Other _____          | _____ |
| <input type="checkbox"/> Other _____          | _____ |

## Treatments & Procedures

Please check the appropriate boxes for **treatment or procedures** THAT YOU WANT TO SHOWCASE. This information will assist us in choosing the proper library screens and determine the cohesive Progression of your program.

### Check the procedures and equipment you want us to include in your program

- Tooth Whitening (Professional Custom Take-Home Kit)
- One Visit Tooth Whitening: Product used: \_\_\_\_\_
- Digital X-Rays
- Film X-Rays
- Panoramic X-Rays     Digital     Film     Digital Ceph
- Intra-Oral Camera
- DiagnoDent Cavity Detection     Other \_\_\_\_\_
- Micro Ultrasonic Scaling
- Laser Therapy :     Soft Tissue     Hard Tissue Product used: \_\_\_\_\_
- Air Abrasion
- Wire Braces:                     Clear     Colored     Metal     All
- Invisalign
- Composite Fillings
- Porcelain Veneers
- Porcelain Crowns     Metal Based Crowns     Gold Crowns
- Inlays / Onlays:     Gold     Tooth Colored
- EndoScope
- Microscope
- Vizilite
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

### Showcase Specialized Equipment

- |  |  |
|--|--|
| <input type="checkbox"/> Air Abrasion    | <input type="checkbox"/> Digital X-Ray |
| <input type="checkbox"/> The Wand        | <input type="checkbox"/> Video Exam    |
| <input type="checkbox"/> Distilled Water | <input type="checkbox"/> Halimeter     |
| <input type="checkbox"/> Sedation _____  | <input type="checkbox"/> DiagnoDent    |
| <input type="checkbox"/> Laser _____     | <input type="checkbox"/> Pano X-ray    |
| <input type="checkbox"/> CEREC _____     | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Other _____     | <input type="checkbox"/> Other _____   |

*We suggest you send action pictures using the equipment*

## DOCTOR

PRIMARY DOCTOR NAME \_\_\_\_\_

WHAT TYPE OF DENTISTRY DEGREE:     D.D.S.     D.M.D.

WHERE DID YOU RECEIVE YOUR Degree? \_\_\_\_\_

\_\_\_\_\_ In What Year? \_\_\_\_\_

LIST ANY SPECIALTY TRAINING: \_\_\_\_\_

LIST PRIMARY DOCTOR'S PROFESSIONAL MEMBERSHIPS: \_\_\_\_\_

LIST ANY OTHER MEMBERSHIPS (i.e. Chamber of Commerce, Charities, etc) AND LIST PRIMARY DOCTOR'S HOBBIES AND/OR FAMILY NEWS: \_\_\_\_\_

**SEE LAST SECTION OF THIS BOOKLET FOR MORE SAMPLE PHOTO'S**

DOCTOR 1 – 2 photos needed, e.g.,

- Associate Doctor portrait
- Associate working with patient
- Associate explaining / talking to patient
- Associate using special equipment

You may also want to send hobby photos, travel photos, community involvement photos, etc.

**ASSOCIATE DOCTOR(S)**

PLEASE SUBMIT A SEPARATE SHEET FOR EACH ASSOCIATE.

ASSOCIATE NAME \_\_\_\_\_

TYPE OF DENTISTRY DEGREE:  D.D.S.  D.M.D.

WHERE DID ASSOCIATE RECEIVE DEGREE \_\_\_\_\_ In What Year \_\_\_\_\_

LIST ANY SPECIAL TRAINING \_\_\_\_\_

PROFESSIONAL MEMBERSHIPS \_\_\_\_\_

OTHER INTERESTING INFORMATION \_\_\_\_\_

**CLINICAL TEAM**

*This section is to introduce your back-office personnel. Please make sure names and titles are spelled correctly.*

**SAMPLE JOB TITLES:** RDH, RDA-EF, RDA, DA, LAB TECH, MASTER CERAMIST, etc.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

## FRONT OFFICE TEAM

*This section is to introduce your back-office personnel. Please make sure names and titles are spelled correctly.*

### **SAMPLE JOB TITLES:**

Office Manager - Financial Coordinator - Receptionist - Administrator  
Scheduling Coordinator - Treatment Coordinator - Appointment Specialist

**Please note: FRONT OFFICE PERSONNEL WITHOUT A GIVEN TITLE WILL BE LISTED AS "Front Desk".**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

**Photos that work very nicely:**

- 1. On the telephone**
- 2. Helping with paperwork**
- 3. Setting next appointment**

## **INCLUDE YOUR OWN WORK**

We have plenty of case illustrations in our stock library; however, you are welcome to include your own case illustrations. If your illustration includes a facial picture, please include a photo sign off form (form example included herein).

### **CASE ILLUSTRATIONS**

It is best to submit both a before and after photo of your close up case illustration. If possible submit before and after headshots as well to show the finished smile and a happy, smiling patient.

## **Testimonials and your personal case illustrations help sell dentistry.**

*Please list the procedures needed to complete the smile. Listing procedures is important, and, in some states, it's also the law. If you wish to include some of your own patient case illustrations be sure you have the proper patient sign-off.*

If possible ... Show facial before and after and show smile before and after.

### **NOTICE:**

*It is important to have a patient sign a release form.  
See a sample form on the last page of this booklet.*

Include Your Office Hours:

## PHOTO EXAMPLES THAT SEEM TO WORK WELL IN A PRESENTATION

More is better, so send lots of photographs. You may provide personal photographs as well. High-resolution digital photos are BEST; however, we do accept prints and slides as well. You can send your digital photos on a CD or simply send the camera memory card. We will return your memory card. Please indicate if you wish for us to return certain photographs; otherwise we keep the photos in your file.

Include an exterior picture of your office including a monument sign if applicable.



# PHOTOGRAPHY GUIDELINES

			
Doctor Photo	Doctor working_1	Doctor working_2	Hand shake
		 <b>IMPORTANT PHOTO</b>	
Doctor portrait	Patient with mirror	Explain Treatment	Procedure explanation
			
Video exam	Specialized equipment	Team photo_1	Team Photo_2
			
Treatment coordinator	Front Office - phone	Receptionist	Back office team
			
Hygienist	Special service	Office tour	Office tour
			
Hi-tech op (optional)	Office tour	Office tour	Office tour

1. Give your staff notice so they can look their best.
2. Avoid very dark or very light clothing.
3. Take several "portrait" photos of each person. (Mid-chest to slightly above the head.)
  - a. Subject should stand 12-18 inches from the wall.
  - b. Subject should turn one shoulder slightly and face camera.
  - c. Take in different areas of the office for the best light.
4. Take several "ACTION PHOTOS":
  - a. Your receptionist smiling and helping a patient.
  - b. Your RDA explaining gum disease to a patient.
  - c. The doctor working chair-side or explaining an x-ray to a patient.
  - d. When using a patient as a model, make sure you contact them ahead of time so they can be prepared and look their best.
  - e. A great shot is a patient sitting in a chair holding a mirror. Stand behind the chair over the patients left shoulder. Have the doctor sit at the knee area of the patient. Have the patient angle the mirror until you see the patients smile (or face) in the mirror.
5. Things to keep in mind:
  - a. Consider the subject: Dark-skinned people photograph better in front of a light background. Light-skinned people photograph better in front of a dark background.
  - b. Consider the background: remove clutter from a desk; avoid placing subject next to a window, in front of a mirror or pictures with glass.
  - c. Consider the light: take the photo in an area with diffused or soft light; avoid dark shadows and high intensity light. Use a zoom lens when possible to avoid a flash reflection on the subjects face.
    - a. *If you use a digital camera with a built-in flash*, make sure to set the red-eye pre-flash. Allow the camera to set the flash exposure through the automatic metering system.
    - b. *If you use a traditional 35mm camera with a built in flash:*  
If your camera has a red-eye pre-flash, make sure to use it. If not, set the flash to automatic and allow the camera to set the flash exposure through the metering system.
  - d. Consider the exposure: to take the clearest, sharpest photographs, the aperture setting is the most important.
  - e. Photo Prints and Slides:
    - a. Place a post-it note on the back of each photo with the persons name clearly marked on it.
    - b. If using 35mm print film, we require all photographs to be printed on 4 x 6" *glossy paper*, NOT MATTED PAPER.
    - c. We do scan 35mm slides.
6. Remember: This is your custom program.
  - a. Doctors are encouraged to submit a few hobby and family photos.
  - b. We encourage you to submit case illustration photos, patient photos & testimonials from your practice.
  - c. If you have equipment special to your practice or products you carry for your patients and would like to include in your program, please submit a brochure, photos and text.
7. PHOTOS WILL BE RETURNED UPON REQUEST.

**Call us with questions.**

**(800) 889-4224**

**We are happy to help!**

End -

YOUR LETTER HEAD HERE  
(retype this form on your letter head)

**Disclaimer:**

**This is only an example. Many doctors use this form; however, that does not make this form necessarily correct for you. We advise you to consult your legal council.**

**GENERAL PHOTO RELEASE**

I hereby grant to Dr. \_\_\_\_\_ and to any of his/her assigns, the absolute and irrevocable right and permission, with respect to the photographs taken of me, or in which I may be included with others; to use, re-use, and/or publish the same in whole or in part, individually, or in conjunction with photographs, without limitation in perpetuity. These photographs shall be used specifically and exclusively for the purpose of dental education, or dental procedure awareness, or dental procedure promotion.

I hereby release and discharge Dr. \_\_\_\_\_ and assigns, from any and all claims and demands arising out of or in connection with the use of the photographs, including any and all claims for libel.

I hereby convey and assign all rights contained above herein to another doctor or vendor for the purpose of dental education, or dental procedure awareness, or dental practice promotion.

Signed at \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Legal Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Full Address

I, understand, hereby state that I am the (mother, father or guardian) \_\_\_\_\_ of the above named individual and do hereby consent and give permission to this agreement.

\_\_\_\_\_  
Legal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)